

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XLOLO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name Charlestonn Rd Southern Baptist								Telephone Number	Date of It (mm/dd/y	Inspection PERMIT #		
Establishment Address (number and street, city, state, zip code)								U 111 - 100	7/2	7/22/200 19-48		
						14 4715	a		1//-	7201	1,1,10	
Owner	(MA/IE)	<u> </u>	Ne	<u>~~</u>	Wind!	(711)	20	Purpose:	Follow-u	ın Relea	so Date	
- 1,							Ļ	1. Routine	No	1/2		
Owner's A	ddress							2. Follow-up	Summary of Violations:			
							İ	-				
Person in Charge Jenify Responsible Person's E-mail Certified Food Manager								3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	$C \times NC \setminus R$			
									Menu Type (See back of page)			
												7. Other (list)
								• VIOLATIO	ON(S) REPE			
Section#	C/NC	Observed ladies restrain without covered trash can						To Be Corrected By				
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Received by	(name and	title p	orinted):				I	nspected by (name and titl	e printed);	L		
Jen	nifer	_	Kenne	dy				A.). In	ran (EHS)	
Jennifer Kennedy Received by (signethre): Humber Kanner								nspected by (signature):	•	ai		
cc/	<i>V</i>		1		cc:			<u></u>	ce:	/		
V											5	